

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90234 033 ***150.00

DOCUMENT # F52246



1. Entity Name
KOETZ & COMPANY, INC.

Principal Place of Business
445 W. ERIE STREET
5B
CHICAGO IL 60610
US

Mailing Address
445 W. ERIE STREET
5B
CHICAGO IL 60610
US

2. Principal Place of Business
825 S. Waukegan Road
Suite, Apt. #, etc.
PMB 123

3. Mailing Address
825 S. Waukegan Road
Suite, Apt. #, etc.
PMB 123

City & State
Lake Forest, IL

City & State
Lake Forest, IL

Zip Country
60045 USA

Zip Country
60045 USA

4. FEI Number **59-2128110** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOETZ, LEROY E
2401 EAST-SCOTT STREET
PENSACOLA FL

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOETZ, LEROY J	
STREET ADDRESS	1660 WEDGEWOOD DRIVE	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KOETZ, LYNETT S.	
STREET ADDRESS	1660 WEDGEWOOD DRIVE	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOETZ, LYNETT S.	
STREET ADDRESS	1660 WEDGEWOOD DRIVE	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *LEROY J. KOETZ* **SIGNATURE REQUIRED** **Leroy J. Koetz** **30 JAN 2003** **312-642-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)